

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR	Attorney Docket Number	ORT-1453			
	First Named Inventor	Carlos Plata-Salaman			
	COMPLETE IF KNOWN				
	Application Number				
	Filing Date	July 6, 2001			
	Group Art Unit				
	Examiner Name				
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ANTICONVULSANT DERIVATIVES USEFUL FOR PREVENTING THE DEVELOPMENT OF TYPE II DIABETES MELLITUS AND SYNDROME X <i>(Title of the Invention)</i> the specification of which <input checked="" type="checkbox"/> is attached hereto OR <input type="checkbox"/> was filed on (MM/DD/YYYY) <input type="text"/> as United States Application Number or PCT International Application Number <input type="text"/> and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

0900567 07001

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/217,141 60/270,022	07/07/2000 02/20/2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
Label Here

AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Ralph R. Palo at telephone number (732) 524-2818.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

Table 1. Demographic characteristics of the study population	
Age (years)	Mean (SD)
18-24	20.5 (2.5)
25-34	29.5 (4.5)
35-44	39.5 (5.5)
45-54	49.5 (6.5)
55-64	59.5 (7.5)
65-74	69.5 (8.5)
75-84	79.5 (9.5)
85-94	89.5 (10.5)
95-104	99.5 (11.5)
105-114	109.5 (12.5)
115-124	119.5 (13.5)
125-134	129.5 (14.5)
135-144	139.5 (15.5)
145-154	149.5 (16.5)
155-164	159.5 (17.5)
165-174	169.5 (18.5)
175-184	179.5 (19.5)
185-194	189.5 (20.5)
195-204	199.5 (21.5)
205-214	209.5 (22.5)
215-224	219.5 (23.5)
225-234	229.5 (24.5)
235-244	239.5 (25.5)
245-254	249.5 (26.5)
255-264	259.5 (27.5)
265-274	269.5 (28.5)
275-284	279.5 (29.5)
285-294	289.5 (30.5)
295-304	299.5 (31.5)
305-314	309.5 (32.5)
315-324	319.5 (33.5)
325-334	329.5 (34.5)
335-344	339.5 (35.5)
345-354	349.5 (36.5)
355-364	359.5 (37.5)
365-374	369.5 (38.5)
375-384	379.5 (39.5)
385-394	389.5 (40.5)
395-404	399.5 (41.5)
405-414	409.5 (42.5)
415-424	419.5 (43.5)
425-434	429.5 (44.5)
435-444	439.5 (45.5)
445-454	449.5 (46.5)
455-464	459.5 (47.5)
465-474	469.5 (48.5)
475-484	479.5 (49.5)
485-494	489.5 (50.5)
495-504	499.5 (51.5)
505-514	509.5 (52.5)
515-524	519.5 (53.5)
525-534	529.5 (54.5)
535-544	539.5 (55.5)
545-554	549.5 (56.5)
555-564	559.5 (57.5)
565-574	569.5 (58.5)
575-584	579.5 (59.5)
585-594	589.5 (60.5)
595-604	599.5 (61.5)
605-614	609.5 (62.5)
615-624	619.5 (63.5)
625-634	629.5 (64.5)
635-644	639.5 (65.5)
645-654	649.5 (66.5)
655-664	659.5 (67.5)
665-674	669.5 (68.5)
675-684	679.5 (69.5)
685-694	689.5 (70.5)
695-704	699.5 (71.5)
705-714	709.5 (72.5)
715-724	719.5 (73.5)
725-734	729.5 (74.5)
735-744	739.5 (75.5)
745-754	749.5 (76.5)
755-764	759.5 (77.5)
765-774	769.5 (78.5)
775-784	779.5 (79.5)
785-794	789.5 (80.5)
795-804	799.5 (81.5)
805-814	809.5 (82.5)
815-824	819.5 (83.5)
825-834	829.5 (84.5)
835-844	839.5 (85.5)
845-854	849.5 (86.5)
855-864	859.5 (87.5)
865-874	869.5 (88.5)
875-884	879.5 (89.5)
885-894	889.5 (90.5)
895-904	899.5 (91.5)
905-914	909.5 (92.5)
915-924	919.5 (93.5)
925-934	929.5 (94.5)
935-944	939.5 (95.5)
945-954	949.5 (96.5)
955-964	959.5 (97.5)
965-974	969.5 (98.5)
975-984	979.5 (99.5)
985-994	989.5 (100.5)
995-1004	999.5 (101.5)
1005-1014	1009.5 (102.5)
1015-1024	1019.5 (103.5)
1025-1034	1029.5 (104.5)
1035-1044	1039.5 (105.5)
1045-1054	1049.5 (106.5)
1055-1064	1059.5 (107.5)
1065-1074	1069.5 (108.5)
1075-1084	1079.5 (109.5)
1085-1094	1089.5 (110.5)
1095-1104	1099.5 (111.5)
1105-1114	1109.5 (112.5)
1115-1124	1119.5 (113.5)
1125-1134	

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Carlos		Family Name or Surname Plata-Salaman	
Inventor's Signature		Date	
Residence: City Ambler	State PA	Country USA	Citizenship USA
Mailing Address 1313 Squire Drive			
City Ambler	State PA	ZIP 19002	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Jeffrey		Family Name or Surname Crooke	
Inventor's Signature		Date	
Residence: City Doylestown	State PA	Country USA	Citizenship USA
Mailing Address 5642 Old Easton Road			
City Doylestown	State PA	ZIP 18901	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country